

FIG. 1

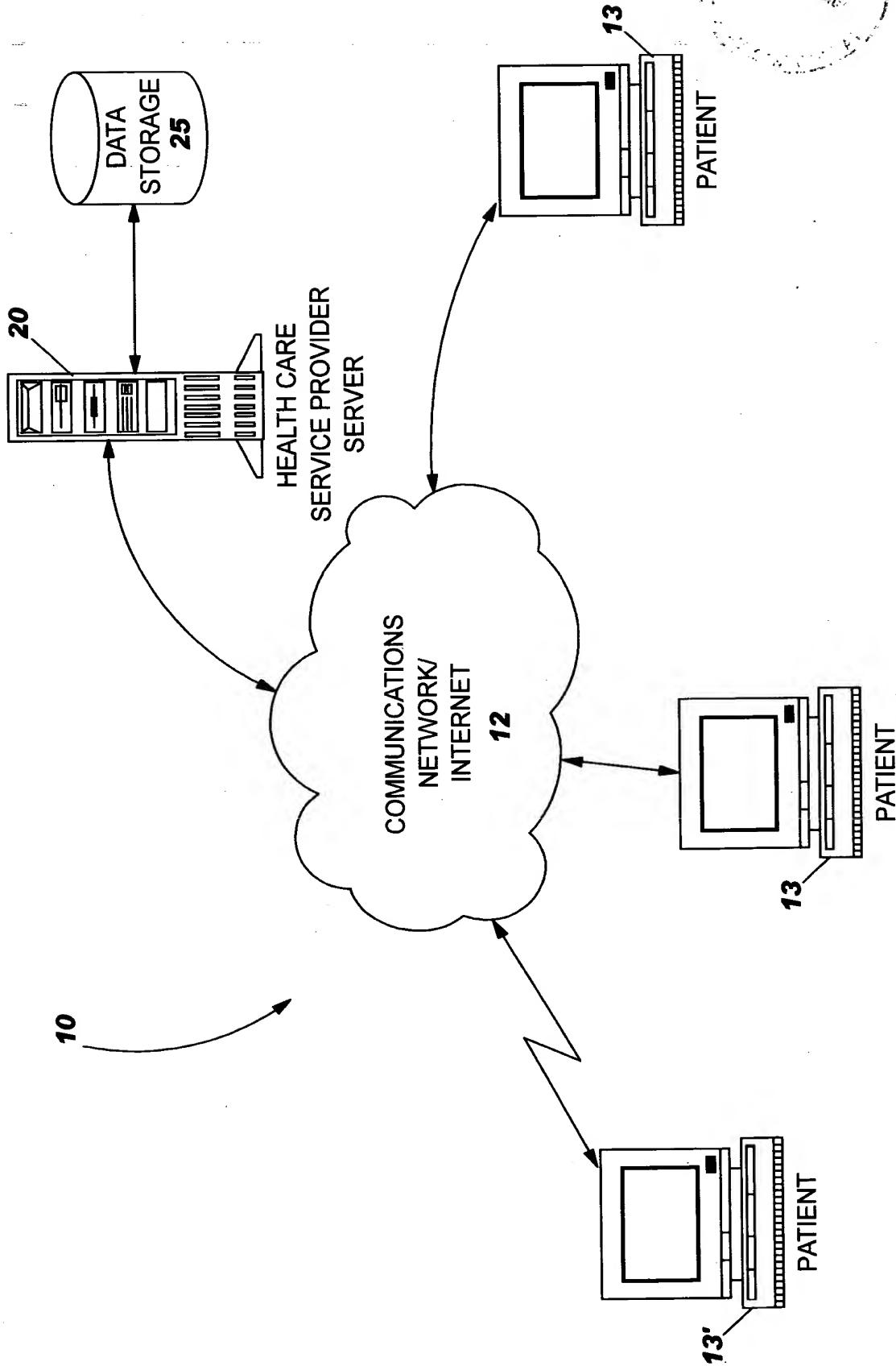


FIG. 2

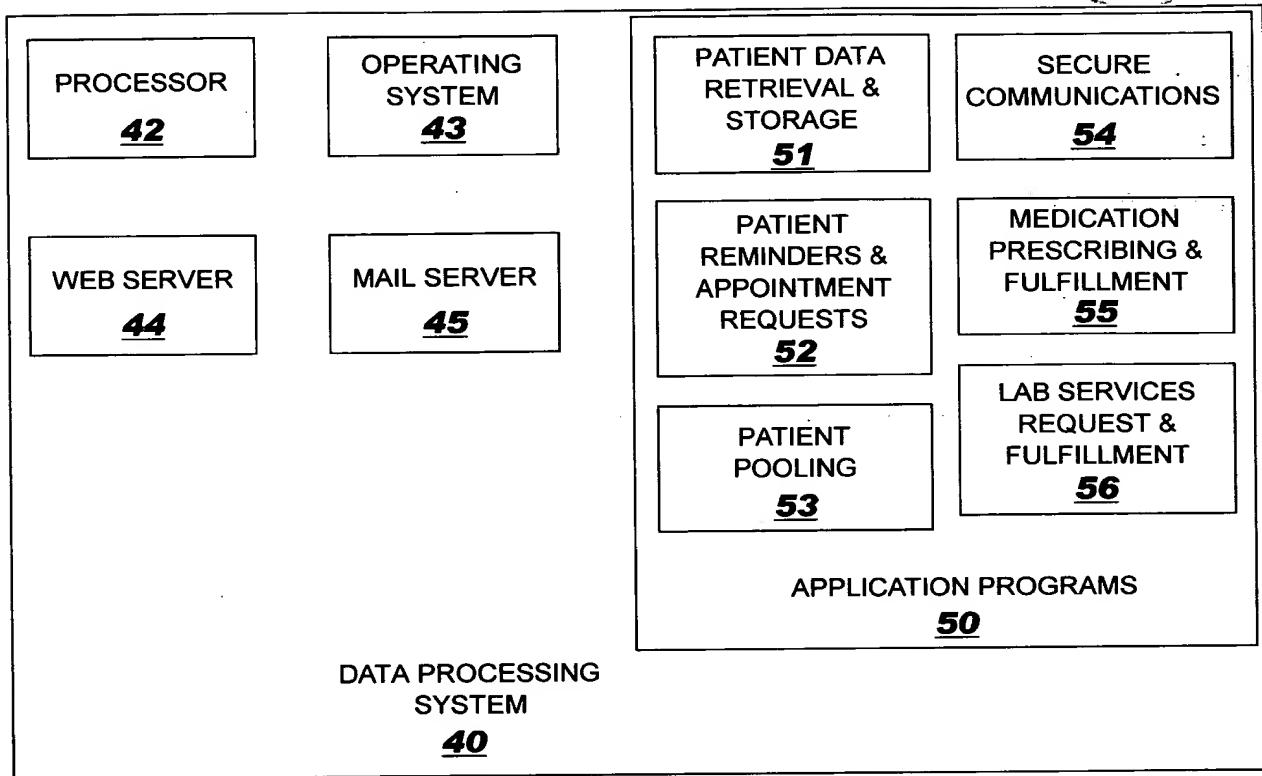


FIG. 4

200 IDENTIFY PATIENT AND VERIFYING THAT PATIENT IS ELIGIBLE TO RECEIVE HEALTH CARE SERVICES

210 ACCEPT ENTRY OF INFORMATION ABOUT A MEDICAL CONDITION OF A PATIENT IN A PREDETERMINED, STRUCTURED FORMAT

220 ASSIGN PATIENT TO A POOL OF PATIENTS BASED ON THE ENTERED PATIENT INFORMATION

230 ALLOW HEALTH CARE PROVIDER QUALIFIED TO TREAT PATIENTS IN THE POOL VIEW THE PATIENT INFORMATION

240 PROVIDE SECURE AREA WITHIN WHICH HEALTH CARE PROVIDER PROVIDES A DIAGNOSIS AND/OR TREATMENT RECOMMENDATION FOR THE MEDICAL CONDITION OF THE PATIENT

250 NOTIFY PATIENT THAT HEALTH CARE PROVIDER HAS PROVIDED A DIAGNOSIS AND/OR TREATMENT RECOMMENDATION FOR THE MEDICAL CONDITION OF THE PATIENT WITHIN THE SECURE AREA

260 ALLOW PATIENT TO ACCESS SECURE AREA AND COMMUNICATE WITH HEALTH CARE PROVIDER

270 COMMUNICATE MEDICATION PRESCRIPTION TO A PHARMACY FOR FULFILLMENT

280 COMMUNICATE REQUEST FOR LABORATORY SERVICES TO A PROVIDER OF LABORATORY SERVICES FOR FULFILLMENT

FIG. 3

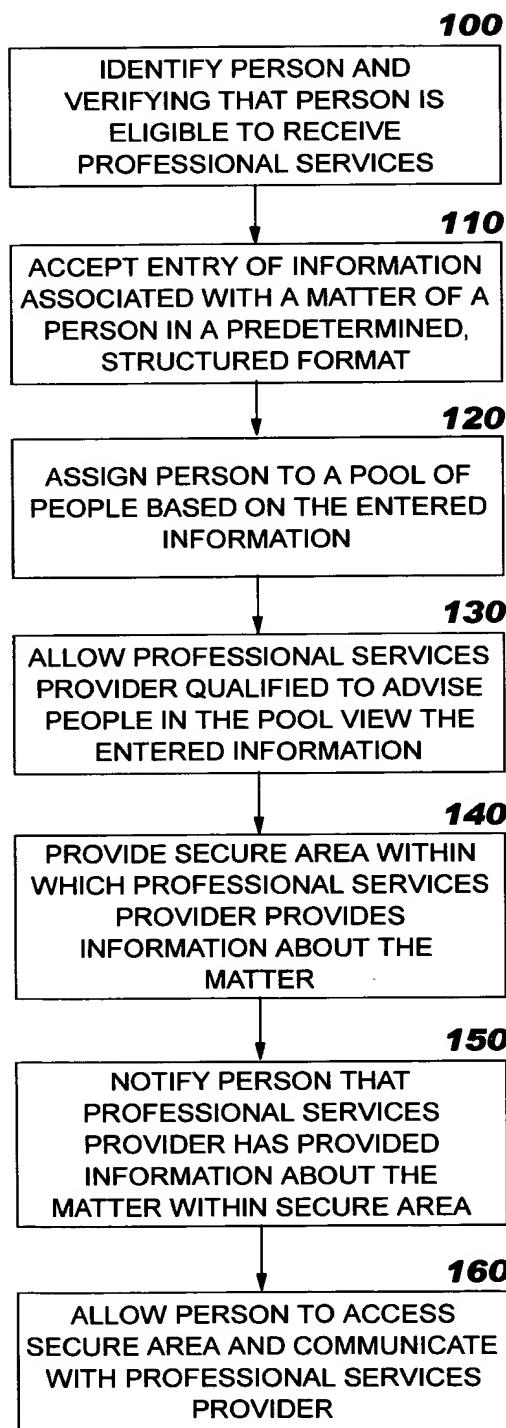


FIG. 5

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address

Help Home Medical Smart Patient Start a New Visit Communicate Visit History

Records

Login Register

402

Welcome to my online Virtual Office! You can now obtain treatment from me in a secure and confidential online environment. I feel the Internet is an exciting new way to enhance my relationship with you.

Simply click on the Virtual Office Visit button below and fill out the first page to register as my patient. After registering you will see a list of conditions that I provide treatment for online. Select a condition to begin a Visit, or explore our other timesaving tools.

Through this site, I hope to make my healthcare services more accessible to my patients, and thereby improve their health.

Thank you for visiting my Virtual Office! To your good health!

IF YOU HAVE AN EMERGENCY NEED FOR MEDICAL CARE, CALL 911 IMMEDIATELY!

All information on this site is secured through encryption technology, which ensures privacy.

400

Welcome to the Virtual Office of **Fernando R. Puente, M.D.**

402

Conduct a Virtual Office Visit NOW!

Virtual Office Visits

- Beginning a Visit
- How do I get a Refill?
- Continuing a Visit
- How much does it cost?
- What about insurance?
- Virtual Medical Records
- Confidentiality
- Contact my doctor

Your Doctor's Profile:
Name : Fernando R. Puente, M.D.

Click here to begin a Virtual Office Visit

A: Your trusted family physician at your fingertips.

FIG. 6

500

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address

Virtual Office Visit™

Start a New Virtual Office Visit

If you have visited us before, please login here:

501a Let's Begin Your Virtual Office Visit™

Please complete the following to begin your Virtual Office Visit™ Consultation.

Please complete the information below. We will verify it on the next screen to ensure your information is complete and accurate. We will then ask you several questions about your health history and the condition for which you are seeking treatment. Our first concern is for your safety, so please remember to answer all questions truthfully and accurately.

* Required fields

502a

* First Name **502c**
Middle Name
* Last Name
* User Id **503**

502b
Please choose a unique User ID, and we will send you a secure password to you at the email address specified below.

* E-mail Address **504**
* Confirm E-mail Address
* Primary language: English **505**

Have you had a PHYSICAL consultation with this doctor or practice before?
(You must answer this question to continue with your visit.)

Yes No

* Do you want to receive promotional E-mails? Yes No

Continue

Important Security Note: As a registered patient, you will be able to establish your own unique user identification. For added security, we will send a randomly generated password to the email address listed above, thereby confirming your identity. Future correspondence to your user ID will only be directed to your email address. When returning to our site, you must use your unique User ID and random Password to login again. After you login, you may change your password from your Patient Homepage.

FIG. 7

510

Web Browser

File Edit View Favorites Tools Help

Back Forward Address

Virtual Office Visit™

Start a New Virtual Office Visit

As a patient of Primary Care of the Triangle, you can utilize our **Virtual Office Visit™** to obtain a **Secure, Confidential, and Convenient** consultation by our **Top Quality Physicians**. [Click here for general instructions.](#)

What is your topic for consultation: (choose up to three)

Topic 1: 511a

Topic2: 511b

Topic3: 511c

As the first step in conducting you Virtual Office Visit, please confirm and/or input the following information. From there, the physician will review your history and make a decision. You will receive emails updating you of all progress.

85 Personal Information

* required fields

*First Name
 *Last Name
 *Gender M F
 *Address Line 1
 Address Line 2
 *City
 *State
 *Zip
 *Country
 Business Phone
 *Home Phone
 *E-Mail
 *E-Mail Confirmation
 *Date of Birth mm/dd/yy

Please confirm this has been entered correctly!
 This is our primary means of contact with you.

Continue

512

FAQ
 Confidentiality
 Security
 Contact Info
 Doctor Quality
 Emergency
 Practice Areas
 Site Map

close menu

FIG. 8A

520

Web Browser

File Edit View Favorites Tools Help

Back Forward Home Search Favorites History

Address

Virtual Office Visit™

Start a New Virtual Office Visit

The following charges will apply to your Virtual Office Visit™

As part of your Virtual Office Visit™ your physician may prescribe one of the following medications. If you have a preference, or are already taking one of these medications, please check the appropriate medications.

Allergic Rhinitis

Allegra

Claritin

Zyrtec

Billing Information

Card Holder Name

Card Type

Card Number

Expiration Date /

Waiver of Liability and Informed Consent to Release Medical Records

I understand and agree that:

I am using this site because I am a patient or am interested in becoming a patient of a physician featured on this site (My Physician);

My Physician uses his or her independent

Click to continue your Virtual Office Visit

FAQ
Confidentiality
Security
Contact Info
Doctor Quality
Emergency
Practice Areas
Site Map

Home
Security
Condition Library
FAQs
Fees & Pricing
Live Help
Logout

FIG. 8B

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address

Virtual Office Visit™

85 Personal Information

* required fields

*First Name	Bob
*Last Name	Smith
*Gender	M
*Address Line 1	2323 Road
Address Line 2	
*City	Raleigh
*State	North Carolina
*Zip	27610
*Country	United States
Business Phone	
*Home Phone	919-787-7890
*E-Mail	bobsmith@hotmail.com
*Date of Birth	6/13/74

NOTE: Please confirm your personal information. If this information is incorrect please update it now.

525

Icons on the left sidebar:

- Home
- Security
- Condition Library
- FAQs
- Fees & Pricing
- Live Help
- Logout
- EXIT

FIG. 9A

530

Web Browser

File Edit View Favorites Tools Help

Back Forward Home Search Favorites History

Address:

Virtual Office Visit™

Start a New Virtual Office Visit **Start a New Visit** **get more info here**

Security Note:
Primary Care of the Triangle respects the privacy of your medical information. All information given to Primary Care of the Triangle is protected, secured and held in complete confidence. [Click here to view our Privacy Policy.](#)

* Required fields

Please respond to each question listed below:

Do you consume more than 2 servings of alcohol per day? Yes No No Answer 531

Do you use recreational drugs? Yes No No Answer
If yes then please describe:

Do you use tobacco products? Yes No No Answer
If no, Number of years tobacco free?

How many cups of caffienated beverage do you consume in an average day?
 532

Vital Statistics

*Height (in inches) (Hint: 4ft=48in; 5ft=60in; 6ft=72in)

*Weight (in pounds)

Blood Pressure 533

Current Medications

*Please list all prescription medications, nonprescription medications and herbal products or dietary supplements you are currently taking (even if occasionally);
Example: Claritin - 3 months; Alesse - 1 yr.; Tylenol 0 occasionally
If you are not currently taking any medications, you must enter "none"
 534

*Known Drug Allergies
If you have no known drug allergies, you must enter "none"

Surgical History

*Description of Surgery/Date of Surgery:
If you have not had surgery, you must enter "none"

FIG. 9B

Web Browser

File Edit View Favorites Tools Help

Back Forward Home * Search Favorites History

Address

Virtual Office Visit™

Family Medical History

Has anyone in your family had any of the following medical problems?

Heart Disease?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>	535
High Blood Pressure(hypertension)?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>	
Stroke?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>	
High Cholesterol?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>	
Kidney Disease?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>	
Liver Disease?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>	
Asthma?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>	
Seizure disorder or epilepsy?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>	
Neurologic disorder?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>	
Colon cancer?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>	
Breast cancer?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>	
Lung cancer?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>	
Other cancer?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>	

General Medical History

Do you have or have you had any of the following?

Heart Problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>	536
High Blood Pressure(hypertension)?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>	
Stroke?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>	
Kidney Problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>	
Diabetes or high blood sugar?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>	

FIG. 9C

Web Browser

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites History

Address

Virtual Office Visit™

Diabetes or high blood sugar? Yes No No Answer

Cancer? Yes No No Answer

Liver Problems? Yes No No Answer

Gall Bladder Problems? Yes No No Answer

Stomach or Intestinal Problems? Yes No No Answer

Pulmonary or respiratory problems? Yes No No Answer

Asthma? Yes No No Answer

Musculoskeletal problems? Yes No No Answer

Thyroid or endocrine disorder? Yes No No Answer

Allergic disorder? Yes No No Answer

Epilepsy or seizure disorder? Yes No No Answer

Blood clots or phlebitis? Yes No No Answer

Genital disorder? Yes No No Answer

Neurological problems? Yes No No Answer

Psychiatric problem? Yes No No Answer

Frequent Headaches? Yes No No Answer

Significant trauma? Yes No No Answer

Skin problems? Yes No No Answer

Other chronic problems? Yes No No Answer

*Are you being treated for any medical conditions at this time? Yes No No Answer

*If yes then please describe:

*Have you been examined by a healthcare provider within the last 12 months? Yes No No Answer

reference: Harrison's General Principles of Medicine

Update General Medical History

FIG. 10A

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address:

Virtual Office Visit™

[Start a New Visit](#) [Start a New Virtual Office Visit](#) [get more info here](#)

Specific Men's Impotence Questions
*Answer Required

*Do you feel you have adequate interest in sex? 540
 Yes No

*How long have you felt sexually dysfunctional?

*Do you have a problem achieving or maintaining an erection sufficient for sexual intercourse?
 Yes No

*During intercourse, do you find it difficult to maintain your erection after you have entered your partner?
 Yes No

*Do you feel your penis is crooked?
 Yes No

*Have you used a method or treatment for erectile dysfunction in the past?
 Yes No

*Describe the method or treatment you used for erectile dysfunction.

If none, please type "None". If you are on Viagra now, please state here with dose that was effective.

Please describe anything else in your sexual history that would help your doctor understand your problem:

Virtual Office Visit™

Home Security Condition Library FAQs Fees & Pricing Live Help EXIT Logout

FIG. 10B

Web Browser

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites History

Address

Virtual Office Visit™

*Are you taking any antidepressants?
 Yes No

*Are you taking any antibiotics?
 Yes No

*Are you taking any oral antifungal medications?
 Yes No

*Do you have a bleeding disorder?
 Yes No

*Are you or have you been treated for an ulcer?
 Yes No

*Have you ever been told you have angina or other heart conditions?
 Yes No

*Do you take any medications to lower your blood pressure?
 Yes No

*Have you ever been told that you have decreased or abnormal kidney function?
 Yes No

*Do you understand what a nitroglycerin or a nitrate is?
 Yes No
If you do not understand what a nitrate is, please [click here](#).

*Do you understand that taking Viagra while you are on a nitrate can cause your blood pressure to drop to a potentially fatal level?
 Yes No

*Do you take any medication classified as a nitrate in any form?
 Yes No

Continue

Home Security Condition Library FAQs Fees & Pricing Live Help EXIT Logout

FIG. 11

550

Web Browser

File Edit View Favorites Tools Help

Back Forward Stop Refresh Search Favorites History

Address:

Virtual Office Visit™

Start a New Virtual Office Visit [get more info here](#)

You have successfully completed your Virtual Office Visit!

1. Upon completion of your first Virtual Office visit, an email confirming the username you chose and a randomly generated password will be sent to the address you listed here. Keep your username and password in a safe place because you will need it to access your information and to communicate with your physician. Remember, you can change this password at any time by simply logging onto this site and clicking 'Change your password.' *(Important Note: If you do not receive a confirmation email within 6 hours, contact Patient Services immediately at 800-200-5202)*

2. Dr. Primary Care of the Triangle will then review your medical history and provide a Treatment Plan specific to your condition(s). In some cases, your physician may have additional questions concerning your medical history before determining the appropriate treatment.

3. Whether a Treatment Plan has been provided or additional information is required, you will receive an email asking you to visit this site to securely view every communication from your physician.

4. Once a Treatment Plan is decided upon by Dr. Primary Care of the Triangle, you will simply return to moye.medfusion.net, logon and click on the "Communicate" tab, view your most recent communication, and follow the "Click here to fill my prescription" link. You may then have your prescription called-in to your local pharmacy, or have it shipped directly to your door by 1stOnlinePharmacy.com.

Your Virtual Office Visit is *that simple!* If you have any questions, or are not sure how to proceed, our dedicated Patient Services representatives are available Monday through Friday from 9 am to 8 pm, Eastern time. You may also contact us via email, if you have any further questions about Primary Care of the Triangle or about your Virtual Office Visit.

 [Click here for a printer friendly version](#)

FIG. 12

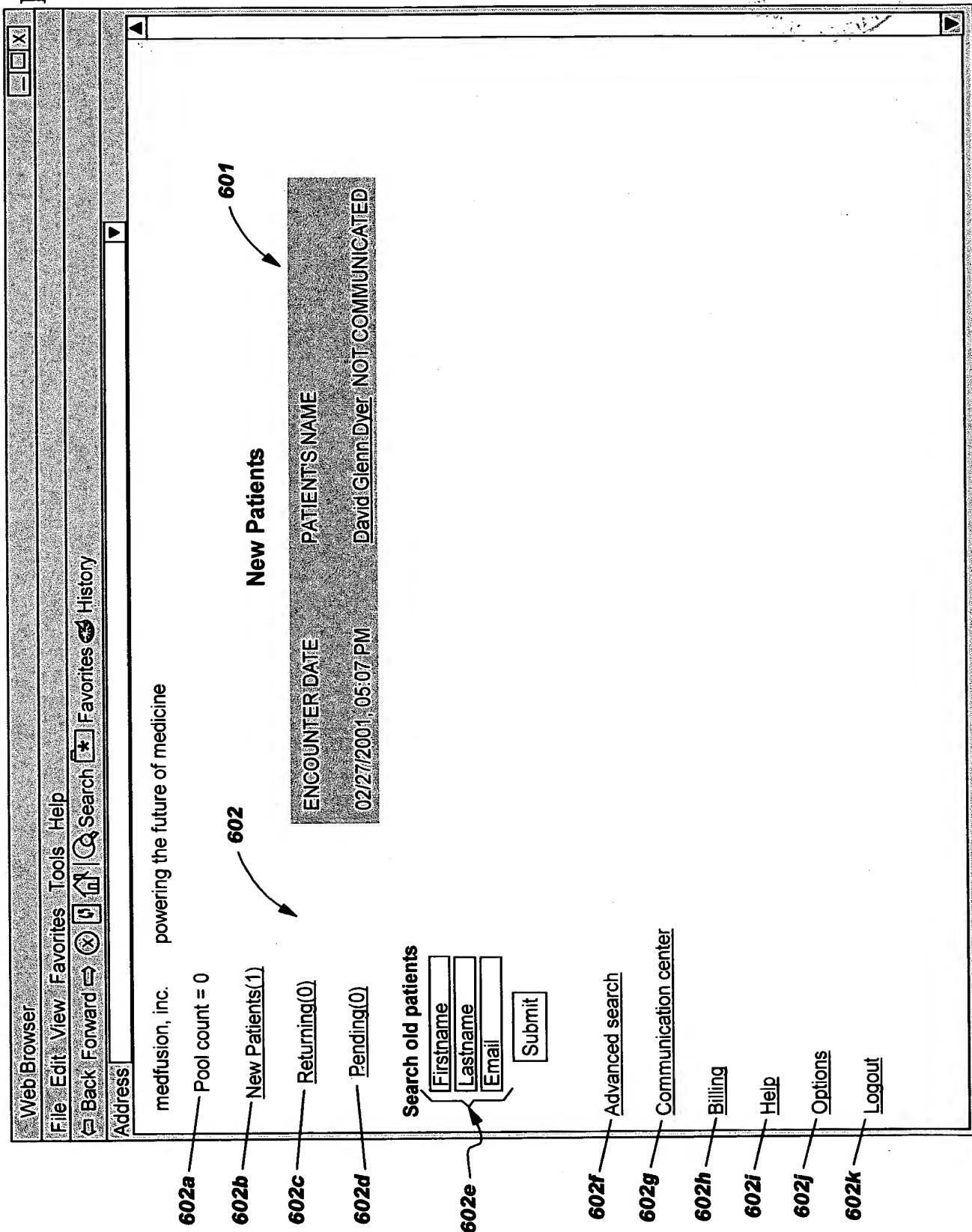


FIG. 13

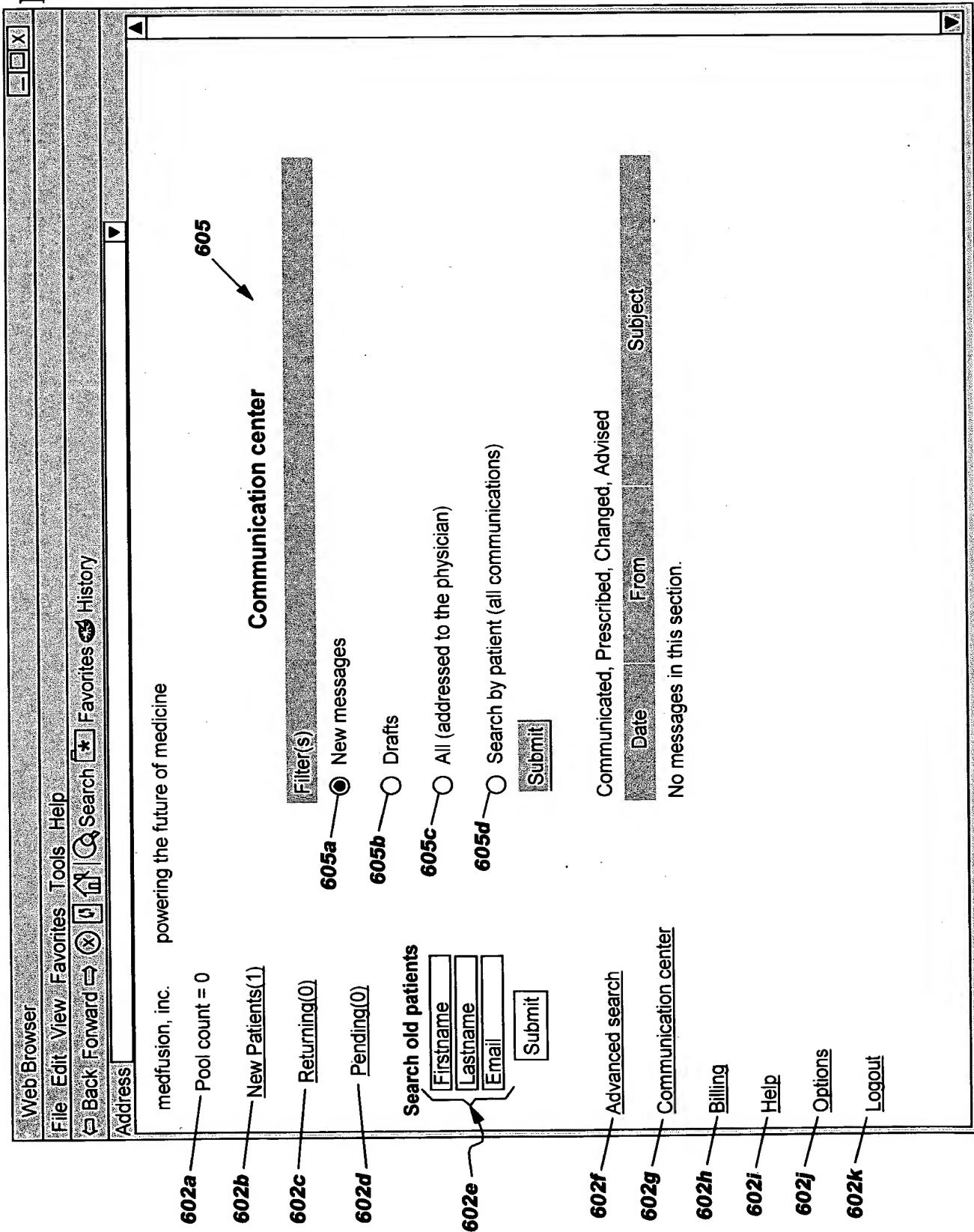


FIG. 14A

17/31

610

612

611

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address

medfusion, inc. powering the future of medicine

Home Logout FAQ Contact Us Search Location Dr. Jonathan Dough

Patient Basic Family Labs & Condition Patient Chart

Profile Health Procedures Specific Answers

David Glenn Dyer Age: 39 Sex: M Height: 70(in) Weight: 205(lbs) State: North Carolina

(Hair Loss) Communicate Make Notes Take Action

Do you consume more than 2 servings of alcohol per day No 11/7/2000 8:15AM

Do you use recreational drugs No 11/7/2000 8:15AM

Do you use tobacco products Yes 11/7/2000 8:15AM

How many cups of a caffeinated beverage do you consume in an average day 2 11/7/2000 8:15AM

Vitals

Height (in inches) 70 11/7/2000 8:15AM

Weight (in pounds) 205 11/7/2000 8:15AM

Blood Pressure 120/80 11/7/2000 8:15AM

Current Medications

Current medications None 11/7/2000 8:15AM

Known Drug Allergies

Known Drug Allergies None 11/7/2000 8:15AM

Surgical History

Description of Surgery/Date of Surgery None 11/7/2000 8:15AM

Family History

Heart Disease No 11/7/2000 8:15AM

FIG. 14B

610

medfusion, inc. powering the future of medicine

Home Logout FAQ Contact Us Search Location Dr. Jonathan Dough

Patient Profile Basic Family History Procedures Specific Answers Condition Chart

David Glenn Dyer
(Hair Loss)

Address: [redacted]

Age: 39 Sex: M Height: 70(in) Weight: 205(lbs) State: North Carolina

Basic Health History Procedures Specific Answers Condition Chart

Make Notes Take Action

Take Action

Consult #1: - David Glenn Dyer is seeking treatment for Hair Loss

Choose consult status

Choose consult status

Prescribe med and communicate

Provide advice (Medical contraindication from history)

Provide advice (Does not meet FDA prescribing guidelines)

Provide advice (Allergic to medicine or has cross sensitivity with an ingredient)

Provide advice (Unable to establish patient/doctor relationship)

Communicate only

Do not charge and communicate

614

614a

FIG. 15A

620

medfusion, inc. powering the future of medicine Home Logout FAQ Contact Us Search Location Dr. Jonathan Dough

Patient Profile	Basic Health	Family History	Labs & Procedures	Condition Specific Answers	Patient Chart
David Glenn Dyer (Hair Loss) Communicate				Age: 39 Sex: M Height: 70in Weight: 205lbs State: North Carolina	

David Glenn Dyer sought treatment for **Hair Loss**

Drugs available for this condition Propecia 616

SIG Code Take 1 tablet everyday 617

Strength	Route	Quantity	Refills
1.0mg	P.O.	180	0 []
1.0mg	P.O.	90	1 []
1.0mg	P.O.	60	2 []
1.0mg	P.O.	30	5 []

618

619 Continuing care required What's this?

If you wish to write a general Rx for this encounter in addition to the one above, enter the text in this area.

622

FIG. 15B

620

622

624

625b

625a

626

Diagnostic code - description
704.9 - hair loss ▶ **624**

Pharmacy dispensing information

Generic substitution permitted Dispense as written

Messages

Insert m
propecia

Medical advice
Comment(s)
Continuing care
To:
P Change medication

Subject: propecia *required

Your request for Propecia has been approved. Please remember that although it starts to work immediately, you may not see any changes for 3 months. Read the specific drug information from your pharmacist that you will receive with your prescription. Feel free to contact me or our pharmacist with any questions you might have.

Process and communicate

FIG. 16

640

medfusion, inc. powering the future of medicine

Patient Profile	Basic Profile	Family Health History	Labs & Procedures	Specific Answers	Condition Chart
David Glenn Dyer (Hair Loss)					Age: 39 Sex: M Height: 70in Weight: 205(lbs) State: North Carolina
Communicate	Make Notes				Take Action

You have completed the consultation. You may select your next patient.

There are no patients in the pool, [click here](#) to go to the "home" page or [click here](#) to logout.

FIG. 17

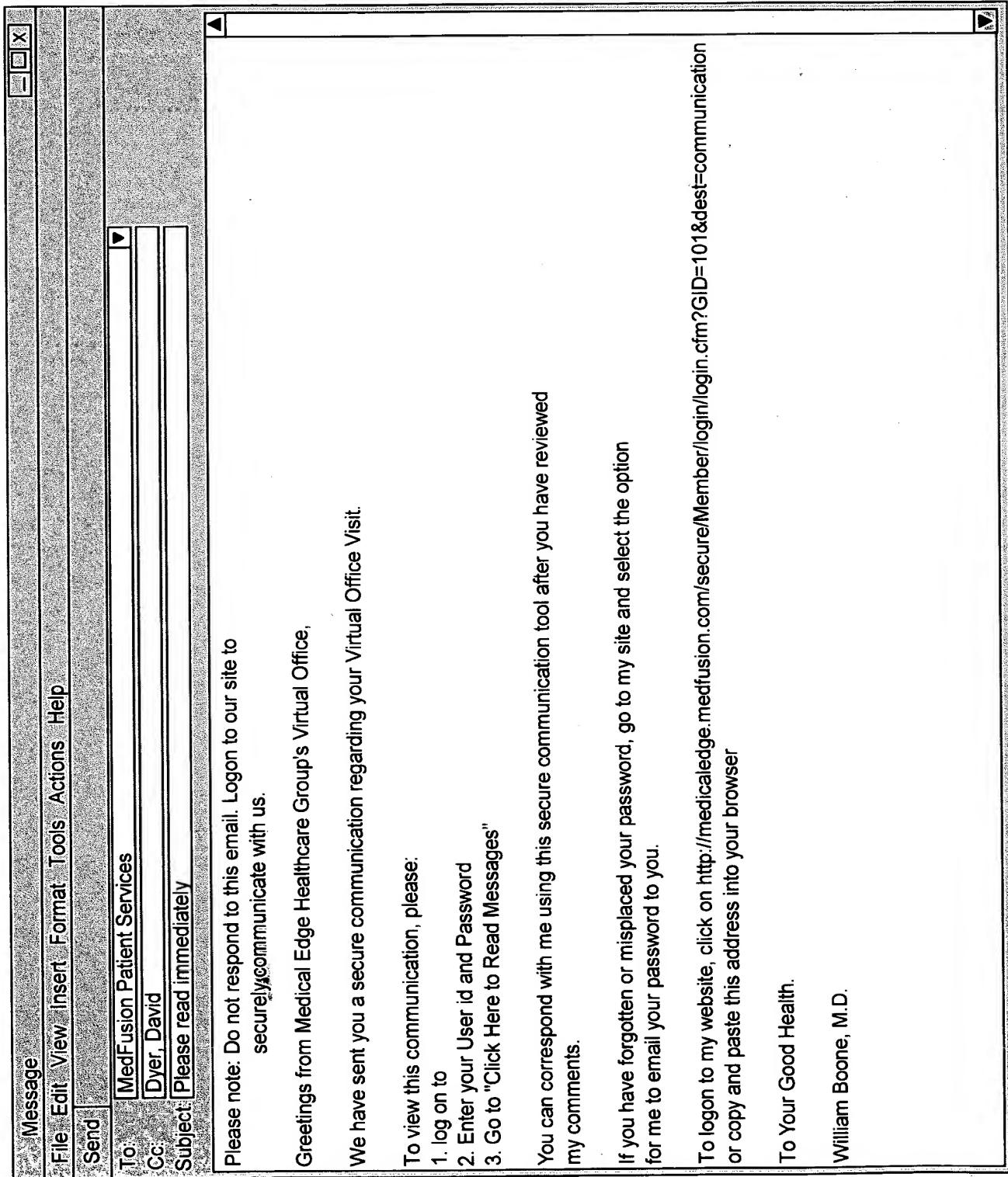


FIG. 18

710

The screenshot shows a web browser window with the following details:

- Address Bar:** Shows the URL as "http://www.acmedermatology.com".
- Toolbar:** Includes standard buttons for File, Edit, View, Favorites, Tools, Help, Back, Forward, Search, Favorites, and History.
- Content Area:**
 - Navigation:** Buttons for Home, Medical Records, Smart Patient, Start a New Visit, Communicate, Visit History, Login, and Register.
 - Welcome Message:** "Welcome to the Virtual Office of Acme Dermatology Associates, P.A."
 - Text Block:** "To use our patient services, we request that you take a moment to register. After you complete your registration, we will email you a unique User ID and Password which you may customize as soon as you login. This extra bit of security was designed to ensure that your confidential information is not compromised."
 - Registration Form:**
 - 710a**: A button labeled "CLICK HERE JOIN!!" pointing to the "User Id" field.
 - 710b**: A button pointing to the "Password" field.
 - Fields:** "User Id" (containing "david") and "Password".
 - Buttons:** "Login" and "Forgot Your password?".
 - Links:** "Help", "Home", "Medical Records", "Smart Patient", "Start a New Visit", "Communicate", "Visit History", "Login", "Register", "Security", and "powered by medfusion copyright 2000".
 - Disclaimer:** "Click here to have your Password E-mailed to you" and "disclaimer & legal notes".

FIG. 19

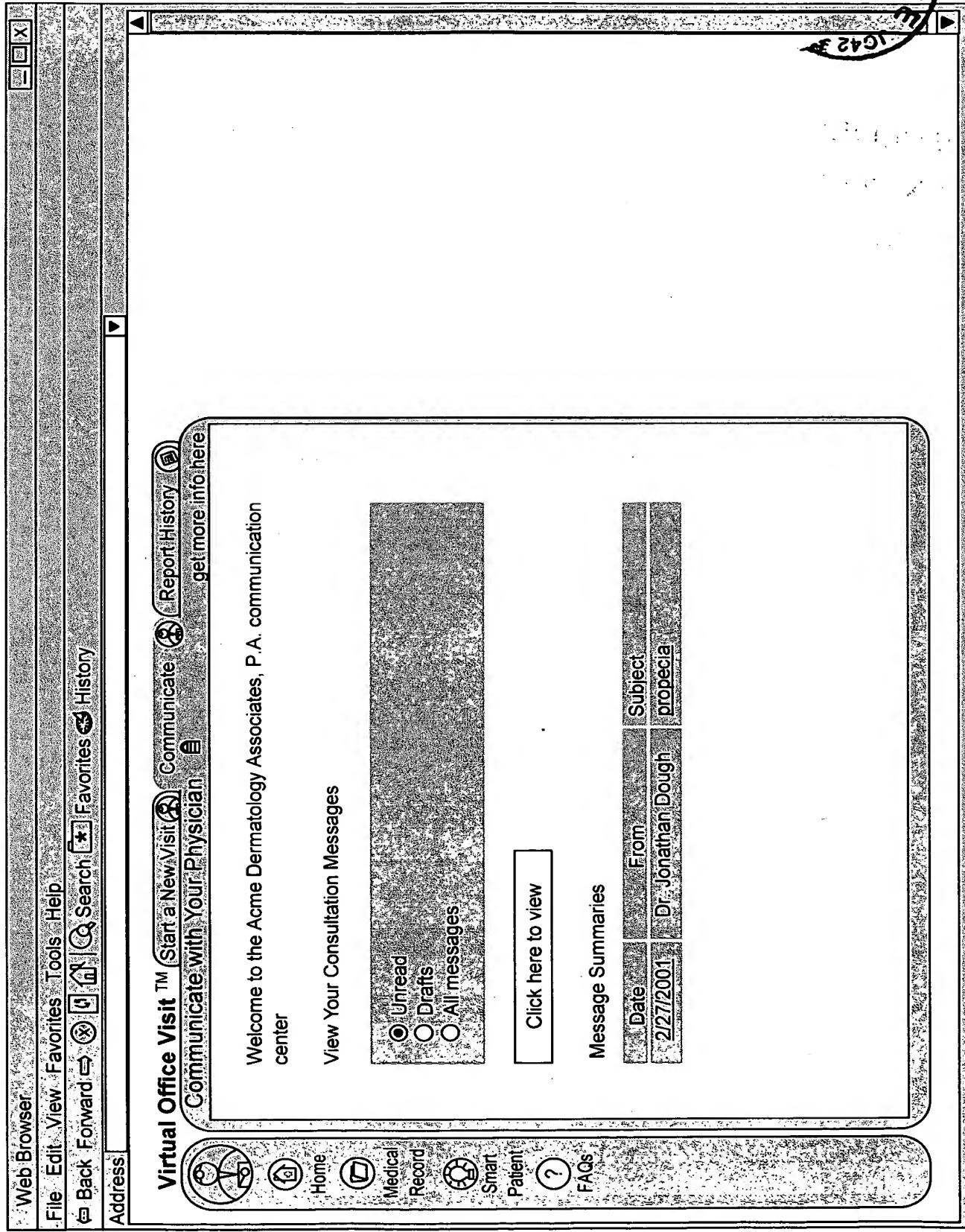


FIG. 20

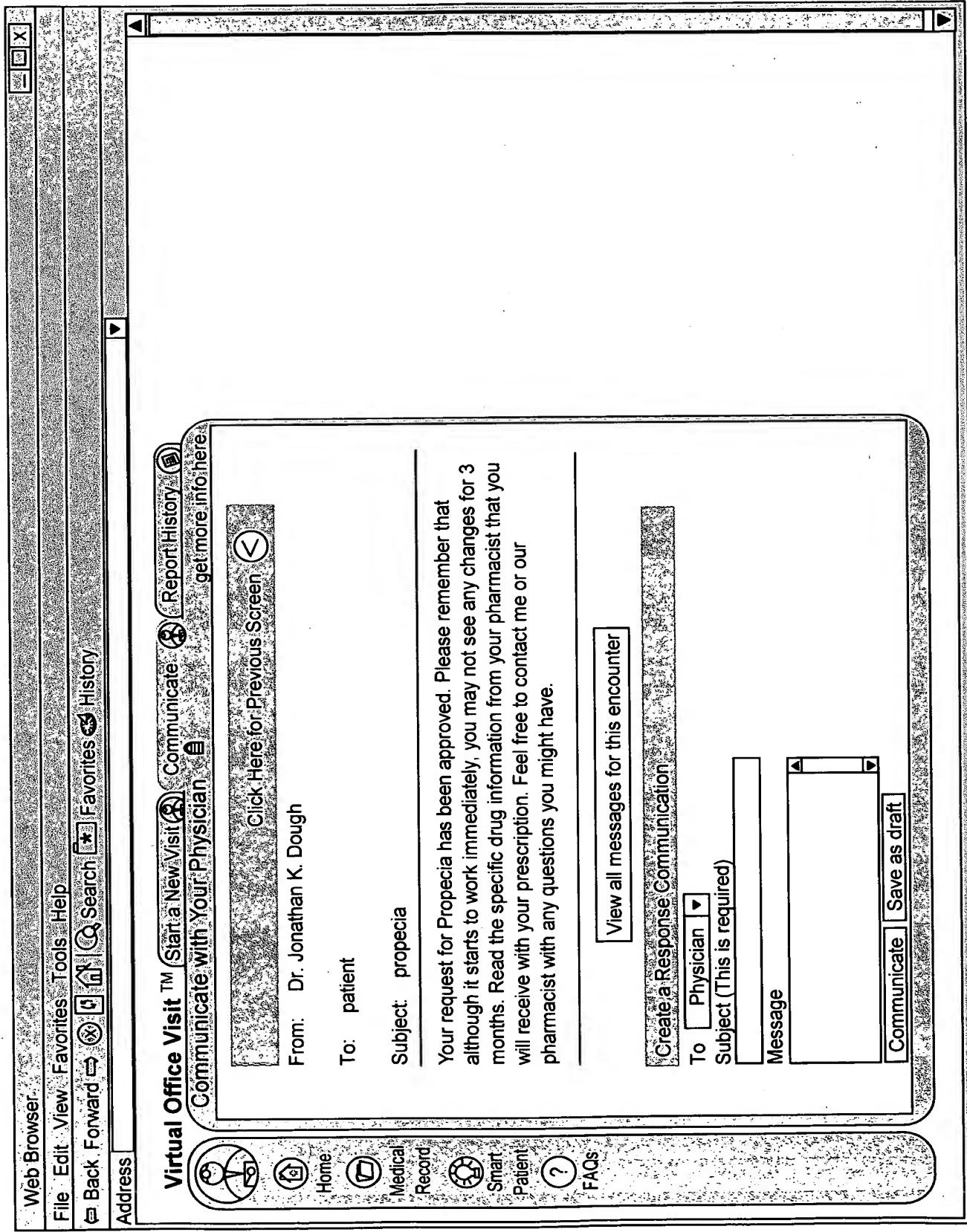


FIG. 21

740

The screenshot shows a web browser window with a toolbar at the top. The menu bar includes File, Edit, View, Favorites, Tools, Help, Back, Forward, Search, Favorites, History, and a Home icon. Below the menu is an address bar. The main content area displays a communication interface.

Virtual Office Visit™

Communicate with Your Physician

Start a New Visit **Report History** **get more info here**

From: Dr. Rowena G. Sobczyk
Subject: approve valtrex

741

Your request for Valtrex has been approved. Even while taking this medication, you can still spread the herpes virus, so it is important to take precautions. Please read the specific drug information from your pharmacist that you will receive with your prescription. Feel free to contact me or our pharmacist with any questions you might have.

742

Create a Response **Communication**

To **Physician** **743**
Subject (This is required)

Message

CLICK HERE to fill your prescription

FAQs

744

Communicate **Save as draft**

FIG. 22

750

Past Virtual Visit **New Visit** **Start a New Visit** **Communicate** **Report History** **close menu**

PHYSICIAN REPORT

Patient	Marlboro Man
Visit Date	20-Jul-00
Complaint	Herpes
Diagnosis	Prescribed medication
Rx Details	Valtrex
Drug prescribed	15
Quantity	1000.0 mg
Strength	P.O.
Route	5
Refills	

Take 1/2 tablet every day
Generic substitution permitted.
You have 0 unread messages regarding this encounter
View this consult responses

PRINT INVOICE

Treatment Plan

Please select one of the following pharmacy options:

- Immediately fill my prescription through <http://www.1stonlinepharmacy.com>. Pharmacy and shipping charges will apply. Your medication will be shipped immediately.
- Call in my prescription to my pharmacy. (Pricing is not set by VirtualMedicalGroup.com or 1stOnlinePharmacy.com)

Click here

751 ↗ I do not wish to fill my prescription at this time, but understand that I can choose one of the above options at any time.

752 ↗

FIG. 23A

800

Appointment Request

Schedule an Office Visit
DrGrantKohr.com

Thank you for visiting my Virtual Office provided by VirtualMedicalGroup.com. I have been practicing in the field of hair replacement and cosmetic surgery for over a decade in Ohio, Pennsylvania, and North Carolina. I am also currently opening an office in the Atlanta metro area. In all of my practices, I strive to provide patients with clinical expertise and knowledge gained through thousands of consultations for hair replacement surgery. Combined with my experience in cosmetic enhancement, I think you will find this site a valuable tool in determining what treatment will be best for you.

[Existing Patient Inquiry](#)

If you are an existing patient with a user id and password please [click here](#).
If you are a new patient please continue below.

User Registration

Please enter a username, and we will create an encrypted password that will be e-mailed to you.
(Example: jsmith, johns, john_smith)
***Username** michaelcraig40

Contact Information

*First Name	David
*Last Name	Dyer
Middle Name	
*Address 1	123 Elm Street
Address 2	
*City	Raleigh
*State	North Carolina
*Country	United States
*Zip Code	27608

FIG. 23B

800

Address

*Zip Code	27608
*Home Phone	919-781-4792
Work Phone	919-659-3201
*E-Mail	ddyer@medicalweb.com
*Confirm E-Mail	ddyer@medicalweb.com

Would you like us to call with your appointment? Yes No

confirmation?

Personal Information

*Date of Birth	09/15/61
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Social Security No.	
Employer	
Employer Address	
Spouse Name (if Applicable)	
Guarantor (if child)	

Appointment Information

*I would like to see you	Next week
*Appointment day needed	Monday Tuesday Wednesday Thursday
*Appointment Time Needed	morning (Example: Morning, Afternoon, 8am-12pm, 3pm-5pm)
*Reason for Visit	hair restoration consult
Referred By	
Submit Information	Start Over

FIG. 24A

30/31

810

Appointment requests for DrGrantKoher.com

Choose Appointment Status

Request: <input checked="" type="radio"/>	Approved: <input type="radio"/>	Rescheduled: <input type="radio"/>	Hold: <input type="radio"/>
From	January <input type="button" value="▼"/>	1 <input type="button" value="▼"/> 2000 <input type="button" value="►"/>	
To	October <input type="button" value="▼"/>	12 <input type="button" value="▼"/> 2000 <input type="button" value="►"/>	
		<input type="button" value="Submit"/>	

Patient Appointments

Name	Request date/time	Reason	Address	Contact information
Michael Craig	Next week on Monday, Wednesday morning, Hold	hair restoration	123 Elm Street Raleigh, North Carolina 27608 United States	919-781-4792 919-659-3201 ddyer@medicalweb.com
Vikram Natarajan	Next week on Monday, Wednesday, Friday morning, Hold	hair restoration consult	123 Elm Street Durham, North Carolina 27705 United States	919-784-6666 919-659-3208 vikramtn@medicalweb.com

FIG. 24B

31/31

810

Patient Information			
Name:	Michael Craig		
Address:	123 Elm Street Raleigh, North Carolina 27608		
United States	919-781-4792 919-659-3201		
Home Phone Number:	919-659-3201		
Work Phone Number:			
Wants phone confirmation?	Yes		
E-Mail Address:	ddyer@medicalweb.com		
Date of Birth:	15-Sep-61		
Gender:	M		
Preferred day(s):	Next week on Monday, Wednesday		
Preferred time:	morning		
Appointment Reason:	hair restoration		
Appointment Status:	Hold		
Communications			
Date	From	To	Subject
10-Oct-00	Administrator	patient	Appt. Request
			Response
Message:			
We have reserved your appt. for next Wednesday 10/18/00 @ 9:00 - please confirm that you can make this time and we will approve your request for this appointment slot. TY, Dr. Koher Admin.			